

CWM TAF MORGANNWG UNIVERSITY HEALTH BOARD

**'CONFIRMED' MINUTES OF THE MEETING OF THE AUDIT
COMMITTEE HELD ON 1 APRIL 2019, AT YNYSMEURIG
HOUSE, ABERCYNON**

PRESENT

Paul Griffiths	-	Independent Member (Chair)
Jayne Sadgrove	-	Independent Member
Maria K Thomas	-	Independent Member
Dilys Jouvenat	-	Independent Member

IN ATTENDANCE

Len Cozens	-	Head of Local Counter Fraud Services
David Jones	-	Local Counter Fraud Specialist
David Thomas	-	Wales Audit Office
Gareth Lucey	-	Wales Audit Office
Paul Dalton	-	NHS Wales Shared Services Partnership (NWSSP) – Head of Internal Audit & Assurance
Simon Cookson	-	NWSSP – Internal Audit & Assurance
Emma Samways	-	NWSSP – Internal Audit & Assurance
Steve Webster	-	Director of Finance
Gwenan Roberts	-	Interim Board Secretary
Huw Evans	-	Head of Finance
Emma Walters	-	Committee Secretariat
Elisabeth Williams	-	Finance Manager (Observing)
John Palmer	-	Chief Operating Officer (in part)
Scott Lavender	-	All Wales Post Payment Verification Manager (in part)
Sara Jeremiah	-	Post Payment Verification Location Manager (in part)

AC/19/047

WELCOME AND INTRODUCTIONS

Paul Griffiths, Chair, **welcomed** everyone to the meeting, particularly Elisabeth Williams, Finance Manager, who was attending the meeting as an observer, Len Cozens, Head of Local Counter Fraud Services and Scott Lavender and Sara Jeremiah who were attending the meeting to present an update on Post Payment Verification.

AC/19/048

APOLOGIES FOR ABSENCE

Apologies for absence had been received from Sara Utley and Robert Williams.

AC/19/049 **DECLARATIONS OF INTERESTS**

There were no additional declarations of interests, to those previously notified.

AC/19/050 **'UNCONFIRMED' MINUTES OF THE AUDIT COMMITTEE MEETING HELD ON 11 FEBRUARY 2019.**

The minutes of the meeting held on 11 February 2019, were **CONFIRMED** as a true and accurate record. The Chair extended his thanks to Members who provided their comments in relation to the draft minutes following their circulation.

AC/19/051 **AUDIT COMMITTEE ACTION LOG**

The Committee Action Log from the meeting held on 11 February 2019 was reviewed by Members and the following was **NOTED**:

18/099 – Members advised that they still required sight of the JAG Accreditation Review report and **REQUESTED** that this was presented to the next meeting (**action log updated**).

19/023 – Gwenan Roberts advised that a discussion had not yet taken place in relation to introducing a nominated person who would be responsible for receiving any protected disclosures. Members **NOTED** that this was subject of urgent discussions and work was being undertaken in relation to the de-escalation plan.

19/044 – Members **NOTED** that a review of the forward work plan would need to be undertaken over the next couple of months.

AC/19/052 **MATTERS ARISING**

There were no matters arising.

PART 2. INTERNAL CONTROL AND RISK MANAGEMENT

AC/19/053 **POST PAYMENT VERIFICATION REPORT – END OF YEAR UPDATE**

Scott Lavender and Sara Jeremiah were in attendance for this item.

Scott Lavender presented the report which summarised the work undertaken by the Post Payment Verification (PPV) department in accordance to the Welsh Government (WG) directions in respect of General Medical Services (GMS), General Ophthalmic Services (GOS) and General Pharmaceutical Services (GPS). Members **NOTED** that the report would also be presented to the Primary & Community Care Committee for information.

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Members **NOTED** that the Bridgend realignment in relation to Primary Care services had been undertaken successfully and that some work had been undertaken with the Risk Analyst to include improved data within the report. Members **NOTED** that the team were looking to create a traffic light system which could be allocated to practices.

Members **NOTED** that PPV planned training sessions with Ophthalmic Contractors had been rescheduled and would now be held in April. Members **NOTED** that training sessions would focus on the importance of patient records and accurate record keeping. Scott Lavender advised that one pilot session had been held which was successful.

Members **NOTED** that only 1 practice had breached the claim error element which was positive.

Steve Webster advised that it would be helpful if future reports highlighted performance of Cwm Taf Morgannwg as a whole and whether performance was improving as well as information on individual practice performance and how this compared to the rest of Wales.

Dilys Jouvenat questioned what support was being provided to practices with high error rates in order to help them improve. Members **NOTED** that practices were constantly being reminded of the patient safety element associated with high error rates and practices had also been provided with a list of Frequently Asked Questions (FAQs).

The Chair extended his thanks to Scott Lavender for presenting the report and advised that the Committee had been encouraged by the update provided and that Steve Webster had offered his support to contribute to suggestions in relation to the future format of reports.

Members **RESOLVED** to:

- **NOTE** the report;
- **RECEIVE** a further update in six months.

Scott Lavender and Sara Jeremiah left the meeting at 10.21am.

AC/19/054

AUDIT RECOMMENDATIONS TRACKER

Gwenan Roberts presented the report and advised that the changes discussed at the last meeting in relation to classifying what each recommendation meant had not yet been executed.

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Members **NOTED** that in relation to Internal Audit, 48 recommendations remained outstanding, 23 of which were overdue their original date for implementation.

Members **NOTED** that in relation to Wales Audit Office reports 27 recommendations were outstanding with 13 overdue their originally agreed implementation date, most of which related to Follow Up Outpatients Not Booked (FUNB).

Gwenan Roberts provided Members with an update on progress made against the outstanding recommendations and suggested that the Committee received detailed updates from the Executive Leads against the following areas at the next meeting:

- Fire Management;
- JAG Accreditation – Closure report also required;
- Performance Management;
- Facilities Management.

Members **NOTED** that the majority of other Internal Audit recommendations should be completed by the next meeting.

In relation to FUNB, Members **NOTED** that work was progressing in this area and that scrutiny of the position continued to be undertaken at Finance, Performance & Workforce Committee and Quality, Safety & Risk Committee. The Chair referred to a suggestion that had been made at Finance, Performance & Workforce Committee that additional resource would be required to address the FUNB position moving forward. Members **NOTED** that Demand & Capacity plans would need to be strengthened to enable a decision to be made as to whether additional resource would be required.

A discussion was held in relation to the overall approach and process in place regarding audit recommendations and it was **AGREED** that a discussion would be held outside of the meeting with Internal and External Audit on the processes in place. Gwenan Roberts advised that it would be helpful if a discussion could be held on what completing a recommendation meant and what evidence the Committee would require to provide them with assurance that an action had been closed correctly.

Members **RESOLVED** to:

- **NOTE** the update received;
- **ENDORSE** the progress made to date and agree any related further actions, particularly relating to the High Risk recommendations, where action has been significantly delayed beyond originally intended completion dates;

- **REQUEST** detailed updates against four key areas at the next meeting.

AC/19/055

PROCUREMENTS AND SCHEME OF DELEGATION REPORT

Huw Evans presented the report which provided an update on the transactions approved as exceptions within the Scheme of Delegation for the period 1.12.18 to 28.2.19. The report also provided an update on the work undertaken to improve the Purchase to Pay processes, in conjunction with the NHS Wales Shared Services Partnership (NWSSP).

Members **NOTED** that there had been no off contract engagements during the period and that there had been 3 Single Tender Actions undertaken.

Members **NOTED** the additional information provided within the report in relation to the Single Quotation Tender for Urology and **NOTED** that there had been one contract which required Ministerial approval which related to the Digitisation of Medical Records.

Members **NOTED** that the UHB had managed to maintain 95% performance against Purchase to Pay.

Members **RESOLVED** to:

- **NOTE** the position on procurement matters for the period 1.12.18 to 28.2.19;
- **NOTE** the update regarding Purchase to Pay.

AC/19/056

LOSSES AND SPECIAL PAYMENTS REPORT

Huw Evans presented the report which provided an update on the losses and special payments made by the UHB for the period 1 December 2018 to 28 February 2019, as required in the Standing Financial Instructions.

Members **NOTED** that there had been a slight reduction in provision for Medical Negligence cases as a result of the reduction in cost estimates. Members **NOTED** that the impact of the Permanent Injury Benefit claim was now known and had resulted in a provision of £1.6m which had been fully funded by Welsh Government.

Members **NOTED** that there had been a £311k overspend on claims in Month 11 partly offset by a substantial reduction in Personal Injury Claims expenditure. Members **NOTED** that a Deep Dive report into Claims Expenditure had been received by the Finance, Performance & Workforce Committee where opportunities for improvement had been identified.

Members **RESOLVED** to:

- **NOTE** the losses and special payments made for the period 1 December 2018 to 28 February 2019.

AC/19/057

DRAFT FINANCIAL CONTROL PROCEDURE (FCP) – MEDICAL VARIABLE PAY

Steve Webster provided Members with an oral update and advised that the draft FCP for Medical Variable Pay was currently out for consultation. Members **NOTED** that the FCP highlighted the new areas of control that were being put in place regarding 'Retinue' and a final version of the procedure would be presented once feedback had been received from senior teams.

Members **NOTED** that the procedure was not contentious although there was a risk that the policy would not be complied with. Members **NOTED** that Internal Audit would be undertaking a review of the operation of the new procedure during 2019/20.

Members **RESOLVED** to:

- **NOTE** the update provided.

AC/19/058

STANDING ORDERS AND SCHEME OF DELEGATION INCLUDING THE REVIEW OF DECLARATIONS OF INTERESTS RECEIVED

Gwenan Roberts presented the report which provided the Committee with an update on the review of the UHB's Standing Orders and to request that the Committee **ENDORSE** the updated Standing Orders and supporting schedules and the changes to the Schedule of Additional Delegations linked to the Standing Financial Instructions (SFIs), for **APPROVAL** by the Board.

Members **NOTED** the following key changes:

- Changing Cwm Taf University Health Board (CTUHB) to Cwm Taf Morgannwg University Health Board (CTMUHB)
- New corporate logo to reflect the new corporate identity as Cwm Taf Morgannwg UHB
- The foreword had been updated to include reference to the legislative changes that were made to legally sanction the

transfer of responsibility of the Bridgend area to Cwm Taf Morgannwg UHB

- Minor housekeeping amendments had been made to the Scheme of Reservation and Delegation of Powers and the following sentence had been included 'Nurse Staffing Levels (Wales) Act to designate a senior registered nurse to calculate nurse staffing levels'

Members **NOTED** that in relation to Schedule 3, each Committee's Terms of Reference were in the process of being updated formally through individual committees and would be received by the Board with through the Annual Reports produced by each Committee during the summer months.

A discussion was held in relation to Schedule 8, Committee Chairs and Champions. Members **NOTED** the Chair's intention to introduce different committees; Maria Thomas advised that she required further clarification on the role of Committee Chairs and Champions which she would discuss further with Gwenan Roberts outside of the meeting.

Gwenan Roberts provided Members with an update in relation to the declarations of interest process and advised that declarations had been sought from staff for 2019. Members **NOTED** that for the first time staff members' names would be published and consideration would also need to be given to capturing declarations of interests for Bridgend staff.

Members **RESOLVED** to:

- **NOTE** the amendments to the Board's Standing Orders; and
- **ENDORSE** the updated Standing Orders and supporting Schedules and the changes to the Schedule of additional delegations linked to the Standing Financial Instructions (SFIs), for **APPROVAL** by the Board.

PART 3. CHARITABLE FUNDS

AC/19/059

CHARITABLE FUNDS

Huw Evans presented the report which provided the Committee with an update of the activity and balances on charitable funds for the period 1 December 2018 to 28 February 2019. The report also provided an update on the transfer of balances associated with the Bridgend Boundary Change.

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Members **NOTED** that the balance at the end of February was £1.852m which was an increase of £10k since the last report. In relation to investment, the market value at 28 February was £1.790m, which was a fall of £20k from the end of November, compared to an investment of £1.5m, which was a surplus of £290k (19.3%).

Members **NOTED** the work that had been undertaken to incorporate the Bridgend Charitable Funds and **NOTED** the report that had been developed and presented to Abertawe Bro Morgannwg UHB. Members **NOTED** that 4 funds that had been previously identified to transfer to Cwm Taf Morgannwg would now remain with Swansea Bay UHB.

Members **NOTED** that the UHB's name change would need to be reflected in a new name for the Charity. The objects of the Charitable Fund would also need to be changed to allow for transferred monies relating to an 'African Health Links' Fund to continue to be used for the purpose intended. Members **NOTED** that it was therefore proposed to amend the objects to add the wording currently used within ABMU.

Members **NOTED** the proposal to increase staffing resources as a result of the 50% increase in activity that would be undertaken and that agreement had been given in principle to invest in additional resource.

A discussion was held as to whether the Committee had the authority to approve the actions proposed for registering the name change and revised objects with the Charity Commissioner. Following discussion, Gwenan Roberts **AGREED** to seek advice from the UHB Chair as to whether the Committee had this authority.

Members **RESOLVED** to:

- **NOTE** the current balances and investment performance of Cwm Taf Funds;
- **NOTE** the process for determining funds to be transferred, and their balances at 31.12.18;
- Subject to advice sought from the UHB Chair, **APPROVE** (by Chairs action) the actions proposed for registering the name change and revised objects with the Charity Commissioner;
- **ENDORSE** the increase in staffing resources required to administer the additional funds being transferred.

PART 4. INTERNAL AUDIT

AC/19/060 **INTERNAL AUDIT PROGRESS REPORT**

Paul Dalton, Head of Internal Audit & Assurance, presented the Internal Audit & Assurance progress report. Since the February 2019 meeting, Members **NOTED** that the following 9 reports had been finalised.

Management of Major Capital	Limited Assurance
Patient Experience	Reasonable
Welsh Risk Pool	Substantial
Directorate Review - Primary Care Compliance	Reasonable
Risk Management	Reasonable
Service Change Plan	Reasonable
Core Financial Systems – Cash Management	Substantial
WHSSC – Risk Management	Reasonable
WHSSC – Governance Arrangements	Reasonable

Maria Thomas questioned when the Committee would be receiving the draft limited assurance reports on Cyber Security and Water Safety. Paul Dalton assured Members that these would be presented to the next meeting.

Paul Dalton also provided assurance that all reviews would have been completed in time to provide a Head of Internal Audit opinion and advised that if there were any emerging concerns these would be escalated to the Executive Team.

Members **RESOLVED** to:

- **NOTE** the report.

AC/19/061 **INTERNAL AUDIT & ASSURANCE AUDIT REPORTS**

Common Issues identified within Directorate Reviews

Paul Dalton presented the report which had been updated and strengthened following discussion held at the last meeting.

Members **RESOLVED** to:

- **NOTE** the report.

Core Financial Systems – Cash Management – Substantial Assurance

Emma Samways presented the report which had been given a substantial assurance rating with no recommendations made.

Members **RESOLVED** to:

- **NOTE** the report.

Welsh Risk Pool – Substantial Assurance

Emma Samways presented the report which had been allocated a substantial assurance rating, with 1 low priority recommendation made which related to administrative processes.

The Chair requested that thanks were passed onto the staff working under the two areas which received substantial assurance ratings.

Members **RESOLVED** to:

- **NOTE** the report.

Service Change Plans Early Cancer Diagnosis – Reasonable Assurance

Emma Samways presented the report which had been given a reasonable assurance rating, with 4 recommendations made, 2 high, 1 medium and 1 low.

Members **NOTED** that the 2 high priority findings related to Internal Audit not being able to find any specific targets in order to measure outcomes. Furthermore, there was no evidence that risks were being properly captured, even though they were being discussed. The one medium priority finding related to clearer and evidence based monitoring of financial spend.

Members **NOTED** that all recommendations had been accepted by management and it was felt that the timescales set were realistic. Members **AGREED** to refer the report to the Early Cancer Diagnosis Project Board.

Members **RESOLVED** to:

- **NOTE** the report;
- **REFER** the report to the Early Cancer Diagnosis Project Board for information.

Patient Experience – Reasonable Assurance

Emma Samways presented the report which had been given a reasonable assurance rating. Members **NOTED** that the review focussed on how the UHB gathered patient experience data and identified that a significant amount of data was being captured.

Members **NOTED** that 4 recommendations had been made, 3 of which were medium priority and 1 low priority finding. Members **NOTED** that the review identified that there were inconsistencies in processes in different directorates and the patient experience plan had not been as detailed as previous year's plans.

Maria Thomas assured Members that the inconsistencies were being addressed through the Quality Governance Framework which had been discussed at the Quality, Safety & Risk Committee. Members **NOTED** that the Patient Experience Team were also addressing the issues identified in relation to the patient experience plan. Members **AGREED** to refer the report to the Quality, Safety & Risk Committee for information.

Members **RESOLVED** to:

- **NOTE** the report;
- **REFER** the report to the Quality, Safety & Risk Committee for information.

Directorate Review – Primary Care Compliance – Reasonable Assurance

Emma Samways presented the report which had been given a reasonable assurance rating. Members **NOTED** that 3 recommendations had been made, 1 of which was high and 3 of which were low.

Members **NOTED** that the high priority finding related to the lack of an inventory of non-capital assets; this had been a common theme within other Directorate reviews. Members **NOTED** that the Directorate had started to action the recommendations made and there was confidence that timescales for completion would be achieved.

Gwenan Roberts confirmed that the Internal Audit report had been referred to within the Directors update report to the Primary & Community Care Committee taking place on 3 April 2019.

Members **RESOLVED** to:

- **NOTE** the report.

Risk Management – Reasonable Assurance

Emma Samways presented the report which had been given a reasonable assurance rating, with 1 high and 2 medium priority recommendations made.

The one high priority recommendation related to the Board Assurance Framework which was in the process of being reviewed. Members **NOTED** that the review identified the need for clarity on which Committee would be reviewing the document with various references being made to both the Audit Committee and Quality, Safety & Risk Committee.

Members **NOTED** that the review also identified that there was no evidence available as to why changes had been made to risk scores contained within the risk register and the review looked at what challenges were being made in Committee meetings on the changes made.

Members **NOTED** that a follow up review had also been undertaken of the 2017/18 recommendations, some of which had been partially completed.

Gwenan Roberts advised that the work being undertaken to develop the Board Assurance Framework had been paused as the Chair of the UHB had requested that a Board Development Session was held in relation to Risk Management and Risk Appetite. Members **NOTED** that this discussion would be held at the April Board Development session.

Members **RESOLVED** to:

- **NOTE** the report.

Internal Audit Plan 2019/2020

Paul Dalton presented the report which outlined the Internal Audit Plan for 2019/2020. Members **NOTED** that the plan was risk based and had been developed from the accumulation of knowledge of the UHB and from the attendance at Committee meetings throughout the year. Members **NOTED** that discussions had also taken place with Executive Directors and Wales Audit Office colleagues.

John Palmer arrived at 11.29am.

Members **NOTED** that there had been an increase in the number of Internal Audit days as a result of the larger organisation which would be under a greater degree of risk as a result of the Bridgend transition.

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Paul Dalton advised that the plan would be kept under review during the course of the year and provided assurance that the number of days allocated would be achievable.

Paul Dalton **AGREED** to amend the report to reflect that the Executive Lead for Health & Safety and Freedom of Information was the Director of Corporate Services & Governance.

Steve Webster explained the allocation of days outlined within the report and advised that 100 core days would be for core Cwm Taf and the new core days for Bridgend was 240. Members **NOTED** that Shared Services had reallocated the days from ABMU to CT and there was potential for some additional work to be undertaken on transition assimilation.

Members **RESOLVED** to:

- **APPROVE** the Internal Audit Plan for 2019/20;
- **APPROVE** the Internal Audit Charter;
- **NOTE** the associated Internal Audit resource requirements and Key Performance Indicators.

Medical Devices and Equipment – Internal Audit Action Plan

John Palmer was in attendance for this item.

John Palmer presented Members with an update on the Medical Devices and Equipment Internal Audit Action plan which needed to be strengthened following discussion at the last meeting.

Members **NOTED** that a timeline had now been put into place in relation to the development of a policy, and that an overarching governance process was being put into place with further work to be undertaken on training needs analysis.

In relation to the issues identified on equipment being purchased and not used, John Palmer advised that a piece of equipment had been purchased using year end funding, which the Team had not been ready to utilise. However, the equipment would be used in the future. Members **NOTED** that a Statement of Need had been in place for the item.

The Chair welcomed the report which provided the Committee with greater assurance and it was recognised that further work was required to address all issues. Members **NOTED** that various references had been made within the update report in relation to funding requirements and it was **NOTED** that the Directorate had

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submitted a funding request of £105k to enable administrative/governance processes to be put into place.

Steve Webster advised that this would need to be considered alongside other high priority investment areas.

The Chair extended his thanks to John Palmer for presenting the update and advised that he would be invited to the next meeting to present an update on the three outstanding areas highlighted within the audit tracker update report.

Members **RESOLVED** to:

- **NOTE** the update.

PART 5. EXTERNAL AUDIT

AC/19/062

WALES AUDIT OFFICE UPDATE REPORT

Dave Thomas presented the report which provided the Committee with an update on current and planned Wales Audit Office work.

Members **NOTED** that work would be undertaken within the next few weeks to plan for the Annual Accounts.

Members **RESOLVED** to:

- **NOTE** the report.

AC/19/063

WALES AUDIT OFFICE REPORT – 2019 AUDIT PLAN

Dave Thomas presented the report which provided Members with the 2019 Audit Plan.

Members **NOTED** that the Wales Audit Office planned to present the Annual Audit of Accounts to the Board meeting being held on 30 May 2019. Members **NOTED** the financial audit risks outlined within the report which had been split between significant risks and other areas of risks.

Members **NOTED** the areas which required Audit attention, which included the requirement of the UHB to breakeven and the Bridgend Boundary change. Members **NOTED** the outline of the work being undertaken in relation to Charitable Funds, for which there were no issues identified during 2018/19. Members **NOTED** that an independent examination would be undertaken during 2019/20 and close monitoring of the funds which related to Bridgend would be undertaken.

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Members **NOTED** that in relation to performance, an annual structured assessment would be undertaken alongside an in depth review of Quality Governance arrangements on an All Wales basis.

Dave Thomas advised that the WAO would need to work closely with Healthcare Inspectorate Wales (HIW) during this review. Gwenan Roberts advised that HIW had advised the UHB of their intention to undertake a review of Quality Governance and that the Delivery Unit (DU) had also developed a draft report following their attendance at Quality, Safety & Risk Committee. Members **NOTED** that the WAO would be meeting with both HIW and DU to discuss the work being undertaken.

Dave Thomas advised that the local programme of work had been kept open in order to determine what risks would emerge from Bridgend and consideration was being given as to how to utilise the themes that had emerged from the Joint Transition Board.

Members **NOTED** that there had been a slight reduction in the fee charged by WAO as a result of changes to skill mix within the Team.

Steve Webster advised that a discussion had been held by the Executive Team who agreed that the WAO audit plan needed to focus on Quality Governance.

The Chair welcomed the reduction in fees and **NOTED** that the make-up of the fee had changed, with 10% more resource allocated to the structured assessment work. Dave Thomas advised that more resource had been allocated to this area as a large volume of work needed to be undertaken in this area.

Members **RESOLVED** to:

- **NOTE** the report.

AC/19/064

WALES AUDIT OFFICE REPORT – STRUCTURED ASSESSMENT 2018

Dave Thomas presented the report which set out the findings from the Auditor General's 2018 structured assessment work at Cwm Taf University Health Board.

Dave Thomas advised that he was pleased to advise that all recommendations had been accepted by management and that he felt the response had been reasonable and pragmatic and recognised where pace of change was required.

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In relation to recommendation 6, it had been **NOTED** that a new audit tracker would be developed and that a tracker would also be developed for Quality, Safety & Risk Committee.

Gwenan Roberts advised that at present there were two separate trackers for WAO and Internal Audit recommendations and it was **NOTED** that through internal processes, agreement had been given for additional resource to be allocated to the Chief Operating Officer and Director of Primary, Community & Mental Health to support in tracking progress made against completing the recommendations.

In relation to recommendation 8, it was **NOTED** that the UHB were planning to develop a Cyber Security action plan and there were also plans to introduce an Information Communication and Technology (ICT) Committee once a new Independent Member for ICT was in post.

Members **NOTED** that the structured assessment would need to inform the wider work being undertaken on enhanced monitoring and WAO had ensured that the recommendations made were in line with the recommendations made by WG.

Members **RESOLVED** to:

- **NOTE** the report.

PART 6. ITEMS FOR INFORMATION

AC/19/065

COMMITTEE FORWARD WORK PLAN 2019-20

Members **RECEIVED** and **NOTED** the Forward Work Plan. The Chair advised that the plan would be discussed further outside of the meeting with Gwenan Roberts and Robert Williams.

PART 6. ANY OTHER URGENT BUSINESS

The Chair extended his thanks to Huw Evans for the support and contribution he had made to the Committee and wished him all the very best for the future.

AC/19/067

ITEMS FOR REFERRAL TO OTHER COMMITTEES

Members referred the following items:

- Internal Audit Report - Service Change Plans Early Cancer Diagnosis to Early Cancer Diagnosis Project Board
- Internal Audit Report – Patient Experience to Quality, Safety & Risk Committee

AC/19/068

CLOSE OF PART 1 OF THE MEETING – DATE AND TIME OF NEXT MEETING:

In closing part 1 of the meeting, Members **RESOLVED** that in accordance with the provision of Section 1(2) of the Public Bodies (Admissions to Meetings) Act 1960, that representatives of the press and other members of the public are excluded from the second part of the meeting on the grounds that it would be prejudicial to the public interest due to the confidential nature of the business transacted. This section of the meeting is to be held in private session.

The next meeting of the Committee would be held at 09:00hrs on Monday 13 May 2019.

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Paul Griffiths, Chair

Date